Pelvic Inflammatory Disease

Summary of Methods and Data for Estimate of Costs of Illness

1. Estimated Total Economic Cost	$ 6.8 billion
Estimated Direct Cost	Not Available
Estimated Indirect Cost	Not Available
Reference Year	1996
IC Providing the Estimate	NIAID
Direct Costs Include: Other related nonhealth costs	No
Indirect Costs Include:	
Mortality costs	Yes
Morbidity costs: Lost workdays of the patient	Yes
Morbidity costs: Reduced productivity of the patient	No
Lost earnings of unpaid care givers	No
Other related nonhealth costs	Yes
Interest Rate Used to Discount Out-Year Costs	4 %

2. Category code(s) from the International Classification of Diseases, 9th Revision, Clinical Modification,(ICD-9-CM) for all diseases whose costs are included in this estimate: 614 (excluding 614.3, 614.4, 614.6); 615.0; 615.1; 615.9; 633.0-633.9.

3. Estimate Includes Costs:	
Of related conditions beyond primary, strictly coded ICD-9-CM category	Yes
Attributable to the subject disease as a secondary diagnosis	No
Of conditions for which the subject disease is an underlying cause	Yes
4. Population Base for Cost Estimate (Total U.S. pop or other)	Women, ages 15-44
5. Annual (prevalence model) or Lifetime (incidence model) Cost:	Annual
6. Perspective of Cost Estimate (Total society, Federal budget, or Other)	Total Society
7. Approach to Estimation of Indirect Costs	Human Capital

8. Source of Cost Estimate: Washington AE and Katz P. Cost of and Payment Source for Pelvic Inflammatory Disease. *JAMA,* 266(18):2565-2569, 1991. For more information contact Penny Hitchcock, NIAID, (301) 496-4020

9. Other Indicators of Burden of Disease:

More than 1 million American women are diagnosed with pelvic inflammatory disease (PID) annually and it is likely that many more cases go undiagnosed [MMWR 40 (RR-5):1-25, 1991]. Most primary cases of PID are due to chlamydial or gonococcal infections. Following PID, scarring will cause approximately 20% of women to become unfertile, 18% to develop chronic pelvic pain, and 9% to develop ectopic pregnancies (Sex Transm. Dis. 1992:19:185-92). Sexually active teenage females are more likely to develop PID than are older sexually active women. Approximately 70% of females who develop PID are younger than 25 years old and have not yet had a child [Sex Transm. Dis. 1991:18(1):46-64].

10. Commentary:

The 1991 study cited above estimated direct and indirect costs for PID and PID associated

sequelae in the U.S. in 1990, determined the payment sources for PID, examined PID costs and payment sources for 1983 through 1990, and projected estimated costs of PID through 2000. The reported total cost of PID for 1996, $6.8 billion, was projected assuming a constant 4% rate of inflation and a constant PID incidence rate. The study also made projections based on different incidence rate scenarios. At a 1% increase in PID incidence per year and a constant rate of inflation, the study estimated that 1996 costs would exceed $7 billion. These derived cost estimates may be conservative, however, because the analysis included only women aged 15 to 44 years (studies indicate that adolescents younger than 15 and women older than 44 also may be experiencing PID and its sequelae), costs of treating infertility were probably underestimated, and psychosocial costs were not included. If trends in PID incidence continue, by the year 2000 projected costs will be $10 billion, with an increasing proportion of direct costs paid by public payment sources.